

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission Please print or type all information, except signatures. Dele Month 2011 Fill in dates: 2011 22 Reporting Period Beginning ☐8th day preceding preliminary ☐8th day preceding election ☐30 day after election ☐year-end report ☐dissolution Committee to Elect John M Cool John M. MCCAUL Committee Name Full Name of Candidate (if applicable) Maria McCarl City Council Name of Committee Treasurer Office Sought and District 2 Commonwealth Ave Commonwealth Ave Committee Mailing Address Residential Address Tounton, mA,02780 Taunton, MA, 02780 508 823 5393 Tel. No. (optional) SUMMARY BALANCE INFORMATION: Line 1: Ending balance from previous report Line 2: Total receipts this period (page 2, line 11) Line 3: Subtotal (line I plus line 2) Line 4: Total expenditures this period (page 3, line 14) Line 5: Ending balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 4) Line 7: Total (all) outstanding liabilities (page 4) Line 8: Name of bank(s) used I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. Signed under the penalties of perjury: FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

Affidavit of Candidate: (check 1 box only) Candidate with Committee and no activity independent of the committee I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campa finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period. Candidate without Committee OR Candidate with independent activity filling separate report I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campa in certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campa in certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campa in its certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campa in certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campa in certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campa in certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campa in certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campa in certify that I have examined this report including attach	aign
Cardidate signature (in ink)	٠

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page

Date Received	Name and Residential Address (alphabetical listing required)		unt	Occupation & Employer (for contributions of \$200 or more)
10-29-11	Jim Freitas 80 Sunhill Rd, Tauntun	75	00	
10-23-11	Jim Freitas 80 Sunhill Rd. Tauntun Jim Grag QC Lee Terr. Tauntun Karen Me Cann Rembroke 16 Barker Sq. Dr. 45 Mrs. Gerald Rapoza Lake 801 Lake Shoro Dr. Apri. 114 Pt.	100	do	7
11-1-11	Karen Me Cann Rembooke	50	ge ,	
11-1-11	Gerald Rapoza Lake Park Park Park Park	50	ay_	
-				
	coro (Lad Essa)	ind	20	
	Total receipts in excess of \$50 (or listed above)	175	d .	
	Total receipts \$50 and under* (not listed above)	100	a	- I C 2
Line 11: 7	FOTAL RECEIPTS IN THE PERIOD	275		Enter on page 1, line 2

^{*} If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized Page 2 abovc.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page

mumber on each page. Date Paid To Whom Paid		Address	Purpose of Expenditure	Amount	
	(alphabetical listing)		- 100011	4	T
11-8-11	Bella Roma Resturni	239 Broadway	Food for Election Night Party	600	00
1-8-11	Cheoghet	chepachet Rd.	Roll of 100 Stamps	444	00
2719-11	Post office CUS- Pharmacy	PT. 44	ehristmas cards	\$ 5	76
12-20-11	Dollar Tree Stones	600 South ST.	Holoday Theats Per Senior Citizens	472	06
12-18-11	Dunkin Danuts	185 weir ST.	Coffee + Bagels For Campagn Sign holds	+31	70
2-15-11		140 Taunton AVE	christmis Cards	418	43
2-31-11	Family Dollar Hibachi Sushi Buffet	Seekconk S9 New State Highway - Raynhan	Thankyou Party Per Campaign werkers	300	73
1-6-11	Home depot	899 County ST. Town ton	244 Stud) for Campaign signs	7 38	89
11-7-11	Home depot	899' County ST. Taunton	1 x 2x 6 Strapping for Signs	* 5×	40
0-29-11	Manny's Herdware	5 Hill ST. Taunton	Rolls of Duct Tape for Sign	75	92
2-12-11	Ocean State Jub Lot	280 WinThop ST. Townton	Christmas Cards	815	92
2-22-11	School ST. Bakery	219 School ST.	Christmas Cake for Sensors	20	क
1-2-11		36 ParamonT Dr. Raynhum	Ice-crear / condinuinos Ar Ice-Crean Social	*27	820
		36 Parament Dr. Raynham	Thankquu Cards Dispole of Campaign signs	* 18	sey
1-12-11	Walmot Taurton Land fill Waste MGT,	240 E. Britannia St.	Dispole of Campasen signs	20	<u>u</u>
			,		
	antervalues and a second of the second of th	Line 12:	Expenditures over \$50	1027	18
			Expenditures \$50 and under*	247	34
Т	Enter on page 1, line 4			1274	52

^{*}If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not Page 3 itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16.

T .	r from the committee's records a From Whom Received*	Residential Address	Description of	Value
- 1	ELOM AMION Vecciaco		Contribution	
Received				
	e)			
	*			New York Control of the Control of t
			200	
			In-kind over \$50	+
		Line 16:	In-kind \$50 and under	
	Enter on page 1, line 6	Line 47: T		

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor, in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well a those liabilities incurred during this reporting period.

Access to the second se		Address	Purpose	Amount
Date	To Whom Due	Addiess		
Incurred				
		and the second		
		,		
	,			
		,		
			*	
		-		
Enter on page 1, line 7		Line 18: OUTSTANDING	LIABILITIES (ALL)	

This page may be copied if additional pages are required to report all activity. Please include your committee name and a pag number on each page.



FORM CEL IN L. ACCUMENTATION ...

Office of Campaign and Political Finance

File with: Director

Office of Campaign and Political Finance

Name of Individual being reimbursed:

One Ashburton Place Boston, MA 02108 (617) 727-8352

Please print or type all information, except signatures.

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same the amount shown on the reimbursement form.

•		CPF ID #:				
Committee Name:						
Amount of Reimburs	cement:					
Date of Reimburseme	ent:					
	ITEMIZE EXPEND	TTURES OF \$50 OR MORE				
Date Paid	Vendor Name and Address	Purpose of Expenditure	Amount			
	,					
		Expenditures in excess of \$50 (listed above)				
		Expenditures under \$50 (not listed above)				
		TOTAL AMOUNT REIMBURSED				

Signature of Candidate/Treasurer

Please use a separate sheet for each reimbursement check issued



Municipal Form Disclosure of Assets Statement

Office of Campaign and Political Finance

of Massachusetts File with: City or Town Clerk or Election Commission CPF ID# This form should be filed by all candidates and committees with each year end and each dissolution report. Committee Name: Date of report: All candidates and committees must fill in Part A or Part B. Part A: No assets* were acquired or disposed of by this candidate/committee during the period covered by this statement. Part B: Assets acquired: List all assets acquired since the committee last filed this statement. If this is the first Schedule E you have filed, list all assets. Present Location Manner Acquired Cost/Value Asset Date Include year, model or other identifying Acquired information, if applicable. Assets disposed of: List all assets sold, traded or transferred during the reporting period covered by this statement. Date and Manner Disposition to: Disposition Value Asset Date Include year, model or other identifying Attach statement of how Name and Address of Disposition Acquired value is determined. information, if applicable. Assets acquired by a political committee must be used for the political purpose for which the committee is organized and must remain the property of that committee. Assets may be disposed of at any time, but must be disposed of prior to dissolution. *An asset is defined as any one item that has a useful life of more than one year, would be depreciable in a normal business environment, and has a cost/value of \$1,000 or more at the time of acquisition. Signed under the penalties of perjury: Signed under the penalties of perjury: Candidate signature Treasurer signature Date Date

Attach additional sheets, if necessary, to disclose all assets acquired or disposed of in a reporting period.